



**Department of Insurance  
State of Arizona**

*Consumer Affairs Division*

Telephone: (602) 364-2499

Toll Free (In-State Only): (800) 325-2548

Fax : (602) 364-2505

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**JANICE K. BREWER**  
Governor

2910 North 44th Street, Suite 210  
Phoenix, Arizona 85018-7269  
[www.azinsurance.gov](http://www.azinsurance.gov)

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**GERMAINE L. MARKS**  
Director of Insurance

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## **CONSENT FOR THIRD PARTY TO FILE INSURANCE COMPLAINT**

I authorize \_\_\_\_\_ to submit a complaint to the Arizona Department of Insurance (ADOI) on my behalf for the purposes of \_\_\_\_\_. By my signature, I acknowledge that I have read and understand the statement noted below and I agree to have this complaint against \_\_\_\_\_ Insurance Company submitted on my behalf.

I understand that the facts relating to this complaint will become a matter of public record pursuant to Arizona law and that anyone may request and may have access to the information related to my individual complaint. This Consent automatically expires one year after the date it is signed unless I revoke it in writing at an earlier date.

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**Print Name**

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**Signature of Policyholder**

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**Address**

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**Phone number**

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**Date**